

DIRECTIONS

- SECTION 1 (TO BE COMPLETED BY PAYEE)**

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

Financial institutions should refer to the GREEN BOOK for further instructions.

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SELECTIVE SERVICE REGISTRATION STATUS
FOR USAREUR SERVICED EMPLOYEES

COMPLETE THIS FORM IF YOU ARE A MALE, U.S. CITIZEN.

If you are a male U.S. citizen born after 31 December 1959, you are required to register with Selective Service. The civil service employment law (5 U.S.C. 3328) requires that you must be registered with the Selective Service System, unless you meet certain exemptions under the Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

NON-REGISTRANTS UNDER AGE 26: If you are between the ages of 18 and 25 and have not registered as required, you should register promptly at a United States Post Office, or consular office if you are outside the United States. Individuals may also register via the Internet at www.sss.gov.

NON-REGISTRANTS AGE 26 AND OVER: If you have passed your 26th birthday you may be denied Federal employment unless you can "show by a preponderance of evidence" that your failure to register was not knowing and willful. Offer as much evidence supporting your case, and as much detail, as possible. You can verify your registration via the Internet at www.sss.gov.

PRIVACY ACT STATEMENT: This form is subject to the Privacy Act of 1974 (5 USC 552a). This information is essential for determining whether you are in compliance with 5 USC 3328. Failure to provide the information may prevent your consideration for Federal employment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

PRINT NAME: _____

SSN: _____ -- _____ -- _____

CERTIFICATION OF REGISTRATION STATUS

Check one:

_____ I certify that I am registered with the Selective Service System.

_____ I certify that I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law. (May be required to provide further documentation)

_____ I certify I have not reached my 18th Birthday and understand I am required by law to register at that time.

_____ I certify I that have not registered with the Selective Service System.

SIGNATURE

DATE

RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form)

Agency Use Only	Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month & Year)

Privacy Act Statement

You are requested to furnish this information under the authority of 42 U.S.C. § 2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide the information, however, then

the employing agency will attempt to identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify your-

self by the category with which you most closely identify yourself. Place an "X" in the box next to the appropriate category. NOTE: Mark **only ONE** box.

NAME OF CATEGORY (Mark ONE only)	DEFINITION OF CATEGORY
Categories for Use in All Jurisdictions Except Hawaii* and Puerto Rico	
A <input type="checkbox"/> American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
B <input type="checkbox"/> Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
C <input type="checkbox"/> Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).
D <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.
E <input type="checkbox"/> White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). Also includes persons not included in other categories.
Categories for Use in Puerto Rico	
D <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico. Does not include persons of Portuguese culture or origin.
Y <input type="checkbox"/> Not Hispanic in Puerto Rico	A person not of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico.

SELF-IDENTIFICATION OF HANDICAP

(See Instructions and Privacy Act Information on reverse)

Last Name, First Name, Middle Initial	Birth Date (Mo./Yr.)	Social Security Number	ENTER CODE HERE →
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DEFINITION OF A HANDICAP: A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that

are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

TO THE EMPLOYEE: Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

01 I do not wish to identify my handicap status. (Please read the employee note above and the reverse side of this form before using this code.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)

05 I do not have a handicap.

06 I have a handicap but it is not listed below.

SPEECH IMPAIRMENTS

13 Severe speech malfunction or inability to speak; hearing is normal (Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"])

HEARING IMPAIRMENTS

15 Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)

16 Total deafness in both ears, with understandable speech

17 Total deafness in both ears, and unable to speak clearly

VISION IMPAIRMENTS

22 Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected—"Tunnel vision")

23 Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector modifier)

24 Blind in one eye

25 Blind in both eyes (No usable vision, but may have some light perception)

MISSING EXTREMITIES

27 One hand

28 One arm

29 One foot

32 One leg

33 Both hands or arms

34 Both feet or legs

35 One hand or arm and one foot or leg

36 One hand or arm and both feet or legs

37 Both hands or arms and one foot or leg

38 Both hands or arms and both feet or legs

NONPARALYTIC ORTHOPEDIC IMPAIRMENTS

(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)

44 One or both hands

47 One or both legs

45 One or both feet

48 Hip or pelvis

46 One or both arms

49 Back

57 Any combination of two or more parts of the body

PARTIAL PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

61 One hand

67 One side of body, including one arm and one leg

62 One arm, any part

63 One leg, any part

64 Both hands

68 Three or more major parts of the body (arms and legs)

65 Both legs, any part

66 Both arms, any part

COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

70 One hand

76 Lower half of body, including legs

71 Both hands

77 One side of body, including one arm and one leg

72 One arm

73 Both arms

74 One leg

78 Three or more major parts of the body (arms and legs)

75 Both legs

OTHER IMPAIRMENTS

80 Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery)

81 Heart disease with restriction or limitation of activity

82 Convulsive disorder (e.g., epilepsy)

83 Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)

84 Diabetes

86 Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)

87 Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required)

88 Cancer—a history of cancer with complete recovery

89 Cancer—undergoing surgical and/or medical treatment

90 Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(f) of Schedule A)

91 Mental or emotional illness (A history of treatment for mental or emotional problems)

92 Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back])

93 Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.])

94 Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)

Form W-4 (2000)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2000 expires February 16, 2001.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer (or zero) allowances.

Child tax and higher education credits. For details on adjusting withholding for these and other credits, see Pub. 919, How Do I Adjust My Tax Withholding?

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2000. Get Pub. 919 especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.	B	_____
C	Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit: <ul style="list-style-type: none">• If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.• If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children	G	_____
H	Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. For accuracy, complete all worksheets that apply. <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single, have more than one job and your combined earnings from all jobs exceed \$34,000, OR if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$60,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	H	_____

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 2000	
1 Type or print your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single, <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>			
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above OR from the applicable worksheet on page 2)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck					
7 I claim exemption from withholding for 2000, and I certify that I meet BOTH of the following conditions for exemption: <ul style="list-style-type: none">• Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND• This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, write "EXEMPT" here <input type="checkbox"/>		7			
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.					
Employee's signature (Form is not valid unless you sign it) ▶		Date ▶			
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number	

Deductions and Adjustments Worksheet

Note: Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 2000 tax return.

- 1 Enter an estimate of your 2000 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2000, you may have to reduce your itemized deductions if your income is over \$128,950 (\$64,475 if married filing separately). See Worksheet 3 in Pub. 919 for details.) . . . 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$7,350 \text{ if married filing jointly or qualifying widow(er)} \\ \$6,450 \text{ if head of household} \\ \$4,400 \text{ if single} \\ \$3,675 \text{ if married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter -0- 3 \$ _____
- 4 Enter an estimate of your 2000 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 Add lines 3 and 4 and enter the total (Include any amount for credits from Worksheet 7 in Pub. 919.) 5 \$ _____
- 6 Enter an estimate of your 2000 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. Enter the result, but not less than -0- 7 \$ _____
- 8 Divide the amount on line 7 by \$3,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earner/Two-Job Worksheet

Note: Use this worksheet only if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1 _____
- 2 Find the number in Table 1 below that applies to the **LOWEST** paying job and enter it here 2 _____
- 3 If line 1 is **MORE THAN OR EQUAL TO** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____

Note: If line 1 is **LESS THAN** line 2, enter -0- on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in Table 2 below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2000. For example, divide by 26 if you are paid every other week and you complete this form in December 1999. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,000 0		41,001 - 45,000 8		\$0 - \$5,000 0		65,001 - 80,000 8	
4,001 - 7,000 1		45,001 - 55,000 9		5,001 - 11,000 1		80,001 - 100,000 9	
7,001 - 13,000 2		55,001 - 63,000 10		11,001 - 17,000 2		100,001 and over 10	
13,001 - 19,000 3		63,001 - 70,000 11		17,001 - 22,000 3			
19,001 - 25,000 4		70,001 - 85,000 12		22,001 - 27,000 4			
25,001 - 31,000 5		85,001 - 100,000 13		27,001 - 40,000 5			
31,001 - 37,000 6		100,001 - 110,000 14		40,001 - 50,000 6			
37,001 - 41,000 7		110,001 and over 15		50,001 - 65,000 7			

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$50,000 \$420		\$0 - \$30,000 \$420	
50,001 - 100,000 780		30,001 - 60,000 780	
100,001 - 130,000 870		60,001 - 120,000 870	
130,001 - 250,000 1,000		120,001 - 270,000 1,000	
250,001 and over 1,100		270,001 and over 1,100	

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and for use in the National Directory of New Hires.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping 46 min., Learning about the law or the form 13 min., Preparing the form 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. DO NOT send the tax form to this address. Instead, give it to your employer.



CHANGE OF ADDRESS FORM

Summer Hire Program

The information below is requested to update your personnel and lay records for distribution of your Leave and Earnings Statement. This form is required as a part of the application processes and anytime you wish to submit a change of address.

NEW MAILING ADDRESS

Your Name:	
Social Security Number (SSN):	
Mailing Address:	
Organization Address Line#1:	
Organization Address Line #2:	
Unit or PSC Box Number:	
	APO AP _____
Your Home Telephone:	

Signature

Date